

APPLICATION FOR FAMILY PENSION

(Photo)

To be attested by
Branch Manager

I	PARTICULARS OF THE DECEASED EMPLOYEE/DECEASED PENSIONER
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1	Name of the deceased employee/deceased pensioner	
2	HRMS id/PF id	
3	Name of the Branch	
4	Designation of the employee at the time of retirement	
5. a.	Date of birth of deceased employee/pensioner	
b.	Age at the time of death	
6. a.	Date of retirement of the deceased pensioner	
b.	Date of death of employee/pensioner	

II	PARTICULARS OF CLAIMANT (FAMILY PENSIONER)
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1	Name of the claimant	
2	Relationship with the deceased	
3	Date of birth of the claimant	
4	Age of the claimant	
5	Full address with PINCODE of the claimant	
6	Phone number (land line if any and mobile number)	
7	Name and address of the members of family of the deceased employee/pensioner(in the order age)	

Name	Relationship with the deceased	Date of Birth	Marital status	Present occupation

9. A	Name of the Branch through which the family pensioner desires to draw the pension	
B	Savings Bank Account number	

Declaration

1. I have not married after the death of my husband/wife who was an employee/pensioner of your Bank. I shall inform the Bank as soon as I remarry. (applicable for widow/widower of the deceased employ/pensioner)
2. I declare that I am not married as on date and note to intimate the Bank the date on which I get married. I also declare that I will stop drawing the family pension from the date of my marriage/remarriage/employment.(applicable to daughters of the deceased employee/pensioner)
3. I hereby undertake to keep the particulars relating to my family up to date by notifying any change that may occur hereafter to the Assistant General Manager, Provident Fund and Gratuity Section, Local Head Office, Thiruvananthapuram and to the Branch Manager from where the family pension will be drawn.
4. I declare that the above particulars are correct and as provide under Rule No. 23(5) of State Bank of India Employees Pension Fund Rules, I am the entitled family pension claimant of the deceased employee/pensioner.

Place

Date

Signature of the family pension claimant

Name

Branch seal

For State Bank of India

Chief/Branch Manager

Name

PF id

Attested Documents to be attached with application

- a. Photocopy of death certificate
- b. KYC documents of family pensioner
- c. Copy of Ration card (if available)
- d. Copy of PPO (if available)
- e. Annexure B
- f. Life certificate, non-employment certificate and non-remarriage certificate
- g. Any other documents required by PPG department

III	HISTORY OF SERVICE-BIO DATA (to be filled by Branch Manager)
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1	Name of the deceased employee		
2	Name of the Branch/Office where last employed		
3	HRMS id of the deceased employee/pensioner		
4	Designation at the time of retirement		
5	Date of joining Bank		
6	Date of retirement of deceased employee/pensioner		
7	Date of death		
8	Date of birth of deceased employee/pensioner		
9	Age at the time of death		
10	Pay and allowance last drawn (if available in Branch records)		
BP	Spl Allowance	PQP	FPP

We made discreet enquires to ascertain the identity of the claimant. We recommend that family pension may be sanctioned to Smt/Sri....., wife of/husband of Smt/Sri.....

Place

Date

Branch Manager/ Head of the department

Name

PF id

Branch seal

(For Personal attention of Branch Manager- Please see that the application is forwarded to PPG department immediately.

For any clarifications, please contact PPG department 0471-2192 -404/405/416/415/418.)

DECLARATION OF FAMILY MEMBERS

Name of the deceased employee :

Designation / Grade at the time of death :

Branch / Office where died :

Permanent address of the family pensioner :

Date of birth of the deceased :

DETAILS OF THE MEMBERS OF THE FAMILY OF DECEASED

S. No.	Name & address of the members	Date of birth	Relationship with deceased	Remarks

Signature of the legal heirs of the deceased

Signature of the witness

Particulars verified and signature attested

Name of the witness & address

Head of the Department/Branch

LETTER OF UNDERTAKING BY THE PENSIONER

Date : _____

To

The Branch Manager,
State Bank of India,
_____ (Branch),
(Address) _____

Dear Sir,

Name of the Pensioner / Family Pensioner :

Payment of Pender under P.P.O. No. _____
SB Account No. _____ through your Bank.

In consideration of your having at my request, agreed to make payment of Pension due to me every month by credit to my account with you, I, the undersigned agreed and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agreed to bind myself and my heirs, successors, executors and administrators to indemnify the Bank from and against any loss, suffered or incurred by the Bank in so crediting my Pension to my account under the Scheme and forthwith pay the same to the Bank and irrevocably authorised the Bank to recover the amount due by debit to my said account or any other account / deposits belonging to me in the possession of the Bank.

Place :

Yours faithfully,

Date :

Signature : _____
Name : _____
Address : _____

Witness :-

Signature : _____
Name : _____
Address : _____

Signature : _____
Name : _____
Address : _____

Date : _____

Date : _____

CERTIFICATES TO BE SUBMITTED BY PENSIONER

STATE BANK OF INDIA

ANNEXURE - A

Branch Name : Branch Code :

SB A/C No. : Category : Def./Central/Rail/Telecom/State/Staff

I. Life Certificate

Certified that I have seen Pensioner Shri./Smt..... holder of Pension Payment Order No..... and A/c No..... and that he / she is alive on this date.

Signature of Pensioner

Signature with SS No.
Date
Name
Designation
Seal

Name :
Place :
Date :

ADDITIONAL INFORMATION

I submit herewith additional details as under :-

- 1. Income Tax Permanent Account Number (PAN) : _____
- 2. Mobile Number : _____
- 3. Date of Birth of the Pensioner / Spouse : _____
(Proof of Date of Birth attached)
- 4. Aadhar Number : _____
- 5. Email Address : _____

Signature of the Pensioner

Name of the Pensioner : _____
Aadhar Number : _____
Savings Bank Account No. : _____

II. Non-Employment Certificate

* I declare that I have not received any remuneration for serving in any capacity in the establishment of the Central Government or a State Government or a Government undertaking or from a Local Fund during the period November to April 20__, May 20__ to October 20__.

* I declare that I have been employed / re-employed in the Office of _____ and was in receipt of the following emoluments during the period (to be specified).

* I declare that I have not accepted any employment under any Government outside India or Commercial Employment after obtaining / without obtaining sanctioning of the Director / CSIR (to be furnished by Class I Officer only)

* Strike out whichever is not applicable.

Place :
Date :

Signature of Pensioner

III. Certificate of Re-marriage / Non-marriage

I hereby declare that I am not married / I have not been re-married during the past six months and shall inform the Bank as soon as I marry / re-marry.

Signature of Pensioner

I certify to the best of my knowledge and belief that the above declaration is correct.

Signature of the responsible Officer or a well-known person)

Place :
Date :

Name :
Designation :